



CITY OF SUGAR LAND
COMMERCIAL BUILDING
PERMIT APPLICATION

FOR OFFICE USE ONLY

Application #: _____

Date Entered: _____

PROJECT ADDRESS: _____

PROJECT NAME: _____ **SUBDIVISION:** _____

LEGAL DESCRIPTION _____

***NOTE:** INITIAL COMMERCIAL PLANS REVIEW PERIOD (FOR MOST TENANT IMPROVEMENTS & "BUILD-OUTS") TAKES A MINIMUM OF 7 BUSINESS DAYS – 14 BUSINESS DAYS FOR "GROUND UP" PROJECTS (& PROJECTS WHICH REQUIRE A HEALTH DEPT. REVIEW).

TYPE OF PERMIT: ☐ NEW COMMERCIAL "GROUND UP" *SITE PLAN APPROVAL REQUIRED TO OBTAIN CONSTRUCTION PERMIT*, or:
☐ Commercial Remodel ☐ Commercial "Build-Out" ☐ Commercial Addition
☐ Foundation/Driveway/Flatwork ☐ Piers ☐ Moving / Temporary
☐ Fencing

PROPOSED USE: _____ **SQUARE FOOTAGE:** _____ **VALUATION:** \$ _____

☐ **This project will handle or store food for the public, contain food production facilities that can serve large groups or involves installing a walk-in refrigerator &/or freezer.**

This project _____ DOES or _____ DOES NOT lie within the authority of a HOA/POA

If it does, you must provide a copy of notification letter sent to the HOA/POA

If it does not, your signature below will certify that no HOA/POA authority exists on the property.

TDLR NUMBER: _____ ◀ (If valuation is > \$50,000) Texas Accessibility Standards (ADA 800/803-9202)

☐ A copy of the asbestos survey for the area(s) to be renovated/demolished has been included with this permit application. This survey has been done in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP).

If there is no survey submitted, then as the owner/operator of the renovation/demolition site, I understand that it is my responsibility to have this asbestos survey conducted in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) prior to a renovation/demolition permit being issued by the City of Sugar Land.

Contractor	Street Address	City	State	Zip Code	Phone
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Owner	Street Address	City	State	Zip Code	Phone
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Engineer/Architect/Designer	Street Address	City	State	Zip Code	Phone
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Separate permits are required for electrical, plumbing, heating, ventilating and air conditioning. This permit becomes null or void if work or construction authorized is not commenced within six (6) months, or if construction or work is suspended or abandoned for a period of six (6) months at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

****THE FOLLOWING CONTACT INFORMATION MUST BE FILLED OUT****

Signature Of Owner or Authorized Agent	Date	Printed Name	Company
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Phone	Fax	Cell	Email
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**** APPLICANT SHALL COMPLETE BUILDING PERMIT FLOODPLAIN REVIEW CHECKLIST

Type of Payment: **Plan Check Fee (*Due at time of submittal*):\$**_____

<input type="checkbox"/> Cash	<input type="checkbox"/> _____ Check#	Building Permit Fee: \$ _____
<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> Escrow

3 PAPER SETS OF PLANS ARE REQUIRED WITH SUBMITTAL.

**A COPY OF “AS BUILD” DRAWINGS ARE REQUIRED ON CD,
ELECTRONICALLY, PRIOR TO THE ISSUE OF A CERTIFICATE
OF OCCUPANCY**

PROJECT DATA SHEET

PROJECT
ADDRESS: _____

PROJECT NAME: _____
SUBDIVISION: _____

COMMERCIAL PROJECTS PLEASE FILL OUT THE FOLLOWING

USE / OCCUPANCY GROUP: _____ MAX. OCCUPANCY: _____
(per IBC Sec. 302) (per IBC Sec. 1004)

TYPE OF CONSTRUCTION: _____ FIRE SPRINKLERS: YES / NO
(per IBC Ch. 6) (Please Circle One)

TOTAL SQUARE FOOTAGE: _____

ZONING DISTRICT: _____ **SIC CODE:** _____

DESCRIBE USE & OCCUPANCY:

FOR OFFICE USE ONLY

PERMIT FEE: \$ _____ PLAN CHECK FEE: \$ _____ DEMO FEE: \$ _____

TOTAL FEE: \$ _____

PLAN REVIEWED BY: _____

ZONING / LAND USE VARRIFICATION BY: _____

APPROVED FOR ISSUANCE BY: _____

CITY OF SUGAR LAND

BUILDING PERMIT FLOODPLAIN REVIEW CHECKLIST

ADDRESS: _____ APPLICATION NO.: _____

1. Is the proposed building/ structure located within a special flood-hazard area as shown on the Effective Flood Insurance Rate Map?
() Yes () No
2. Is the proposed building/structure located within a floodway as shown on the Effective Flood Insurance Rate Map (FIRM)?
() Yes () No
3. If you answer yes to either of the above two questions, please complete the City's Floodplain Development Permit Application.
4. If you answer no to questions (1) and (2), please provide the following information, only if, the proposed buildings/ structures are located within 500 ft distance from a flood hazard area as shown on the effective FIRM:
 - The distance (ft) of the proposed building/ structure from the effective flood-hazard area boundary:
 - Base-flood elevation (BFE) data in the proximity of the proposed building/ structure (ft):
 - Lowest Finished Floor Elevation of the proposed building/ structure (ft):
 - Natural (undisturbed) Ground Elevation at the site of the proposed building/ structure (ft):
 - Attach Elevation Certificate or Elevation Survey from a Registered Surveyor or a Registered Engineer:

♦ Please ensure that the datum used to report elevation data requested above are consistent (same datum). Otherwise, report datum adjustment factors.
5. Other relevant information

Contact Name & number for Applicant: _____

RECOMMENDATION

Grant Permit

Request Additional Information

Deny Permit

Building Official/ Floodplain Administrator _____ Date _____

For questions pertaining to this page, please contact Richard Mancilla at (281) 275-2218 or rmancilla@sugarlandtx.gov.



INDUSTRIAL PRETREATMENT QUESTIONNAIRE

PLEASE COMPLETE THIS FORM AND RETURN TO:

Christine Krosnicki
City of Sugar Land
111 Gillingham Ln
Sugar Land, TX 77478
281-275-2478

Please answer the following:

1. Name of Business: _____ Telephone: _____
2. Location: _____
Mailing Address: _____
3. Owner: _____
4. Type of Business: _____
5. On-site processes: _____
6. Water Customer Account Number: _____
7. Federal SIC number: _____
8. Waste process: _____
9. Major Chemicals Used: (soaps, detergents, caustics, solvents, acids, metal salts, cyanides)

10. Water Source (check): City _____ Metered _____ Private Well _____ Unmetered _____
11. Method of Wastewater Disposal: (Check all that apply.)
City Sewer _____ Septic Tank _____ Haul _____ Other _____
12. Wastewater estimated to be discharged in sewer system on operating days:
Maximum _____ GPD Minimum _____ GPD Average _____ GPD
Check One: Domestic _____ Industrial _____ Both _____
13. Volume of Grease Trap: _____ Volume of Sand Trap: _____
Water Volume of Settling Tank: _____ gallons
Other: (Describe) _____
Serviced By: _____ Telephone: _____
Address: _____ Frequency: _____

14. Other Wastes:

Are there any liquid wastes generated and disposed of in the sewer system? Yes____ No____

If yes, these wastes may be best described as:

_____ Inks/Dyes	_____ Paints
_____ Trace Metals	_____ Pesticides
_____ Oil and Grease	_____ Plating Wastes
_____ Organic Compounds	_____ Solvent Thinners
_____ Acids or Alkalies	_____ Pretreatment Sludge
_____ Other Wastes: (Describe)	

Are there any liquid wastes or sludge disposed of by other means? Yes____ No____

If yes, describe: _____

For the aforesaid wastes, does your company practice:

_____ On-Site Storage
_____ On-Site Disposal
_____ Off-Site Disposal

Services By: _____ Telephone: _____

Address: _____ Frequency: _____

I have personally examined and I am familiar with the information submitted in this document and attachments.
Based upon by inquiry of those individuals immediately responsible for obtaining the information reported herein,
I believe that the submitted information is true, accurate and complete.

Signature of Official: _____

Please Print Name: _____

Title: _____

Date: _____



CITY OF SUGAR LAND

WATER AND WASTEWATER EQUIVALENT CONNECTIONS

Project Name:				
Address:			City, State, Zip:	
Legal Description:				
Previous/Current Use:	Proposed Use: <i>(Refer to the backside for this form)</i>		Unit of Measure:	
Owner's Name:	Address:		City, State, Zip:	
Owner's Contact Person:	Telephone: E-mail Address:		Fax:	
Builder's Name:	Address:		City, State, Zip:	
Builder's Contact Person:	Telephone: E-mail Address:		Fax:	
Square Footage	Sanitary Sewer Lead Size	Water Meter Size (Inches)		
		Domestic	Fire	Irrigation

I HEREBY CERTIFY THAT THE DATA PRESENTED ABOVE IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Printed Name Owner, Builder or Agent (Signature) Telephone Date

DEPARTMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)

SERVICE AREA NO.: _____

TOTAL FLOW _____
DIVIDED BY 315 GPD = _____
COMPUTED BY: _____

TOTAL EQUIVALENT CONNECTIONS _____
DATE: _____

cc: Revenue Officer (Original)
 Owner/Builder

Engineering Department

STANDARD SANITARY SEWER USAGE CATEGORIES

Circle the item that most accurately defines your business and fill in the quantity

INTENDED/PREVIOUS USE:

UNIT OF MEASURE

INTENDED/PREVIOUS USE:

UNIT OF MEASURE

- A) Residential Development
1. Single Family Residential # of Units _____
 2. Townhouse/Patio/Cluster Homes # of Units _____
 3. Duplex/Triplex # of Units _____
 4. Fourplex # of Units _____
 5. Condominium # of Units _____
 6. Apartment with Washer/Dryer # of Units _____

- B) Institutional Development
1. Church
 - a. Sanctuary # of Seats _____
 - b. Administration Building # Personnel _____
 - c. Day School Classroom # Students _____
 2. School
 - a. Unspecified # Students _____
 - b. Elementary # Students _____
 - c. Day Care Center # Students _____
 - d. Residential # Students _____
 - e. Dormitory # Students _____
 3. Hospital # of Beds _____
 4. Nursing Home # of Beds _____
 5. Prison # Inmates _____

- C) Office/Retail Development
1. Office Building # Sq. Ft. _____
 2. Retail Store # Sq. Ft. _____

- D) Restaurant Development
1. Average Full Service 10-12 Hours # of Seats _____
 2. Twenty Four (24) Hour Full Service # of Seats _____
 3. Tavern or Lounge (No Food Service) # of Seats _____
 4. Soda Fountain (Ice Cream Parlor) # of Seats _____
 5. Fast Food Paper Plate Service # of Seats _____
 6. Bakery # Sq. Ft. _____
 7. Pizza Parlor # of Seats _____
 8. Fast Food (No Seating) # Sq. Ft. _____

- E) Barber/Beauty Shop # Shampoo Bowls _____

- F) Cleaning Development
1. Washateria (Based on 50 G/Wash and 10Washes/day) # Machines _____
 2. Carwash
 - a. Individual Bay, self service w/o reclaim (wand type) # Bays _____
 - b. Individual Bay, self service with

- Cleaning Development (con't)
- reclaim (wand type) # Bays _____
 - c. Commercial w/o reclaim (tunnel type) # of Bays _____
 - d. Commercial w/ reclaim (tunnel type) # of Bays _____

- G) Recreational Development
1. Theater Indoor # of Seats _____
 2. Skating Rink # Capita _____
 3. Bowling Alley # of Lanes _____
 4. Swimming Pool # of Swimmers _____
 5. Stadium # of Seats _____
 6. Health Club/Spa w/Swimming Pool and/or whirlpool # Member/Day _____

- _____ 7. Health Club/Spa w/o Swimming Pool and/or whirlpool # Member/Day _____
- _____ 8. Racquetball Club # of Courts _____

- H) Service Station Development
1. Station w/service (maximum of 1000 GPD if no car wash) # of Islands _____
 2. Self Service Station #Sq. Ft. _____

- I) Hotel/Motel Development
1. Hotel/Motel (excluding restaurant) # of Rooms _____
 2. Hotel/Motel (w/kitchenettes) # of Rooms _____

- J) Industrial Development
1. Warehouse # Sq. Ft. _____
 2. Factory w/shower # Capita _____
 3. Factory w/o shower # Capita _____
 4. Factory Residential # Capita _____
 5. Industrial Laundry # Capita _____
 6. Clothes or Manufacturing # Sq. Ft. _____

- K) Transportation Terminal Development
1. Transportation Terminal (excluding restaurants) # Passenger _____

- L) Other
1. Film Processor # Processor _____
 2. Fire Station # Personnel _____
 3. Funeral Homes # Personnel _____
 4. Technicolor One Hour Photo # of Stores _____
 5. Irrigation gal/yr _____

- M) Not listed - call (281) 275-2780

COMMERCIAL BUILDING PERMIT CHECK-LIST

PLEASE VERIFY THE FOLLOWING INFORMATION BY PLACING A CHECK MARK BY EACH STEP.

- 3 SETS OF PLANS SUBMITTED _____
- PROJECT NAME LISTED ON THE APPLICATION & PROJECT TYPE IS CHECKED _____
- APPLICATION IS CURRENT AND CONTAINS ALL CONTACT INFORMATION (FAX, EMAIL, PHONE, & INFORMATION PROVIDED IS LEGIBLE) _____
- RESUBMITTAL / REVISED APPLICATIONS ATTACHED (FAX, EMAIL, PHONE, & INFORMATION PROVIDED IS LEGIBLE) _____
- PROJECT DATE SHEET IS FILLED OUT & ATTACHED _____
- DATE STAMPED IS CORRECT & PERSON ENTERING INITIALS _____
- PRE-TREATMENT FORM IS FILLED OUT AND ATTACHED TO APPLICATION _____
- VALUATION OF THE PROJECT IS FILLED OUT, SQUARE FOOTAGE, PROPOSED USE _____

PLAN CHECK FEE (CASH, CHECK, VISA, MC, OR MONEY ORDER)

For office use only

Processed by: _____ (Date) _____

****Any submittals that do not meet all the requirements on the checklist should not be accepted. If plans are received by the DRC Coordinators with missing information they will be sent back downstairs.****